



South Carolina Department of Insurance

Division of Consumer, Licensing and Legal Services
Office of Special Services
300 Arbor Lake Drive, Suite 1200
Columbia, South Carolina 29223

MARK SANFORD
Governor

ELEANOR KITZMAN
Director of Insurance

Mailing Address:
P.O. Box 100105, Columbia, S.C. 29202-3105
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Telephone: (803) 737-6134

MEMORANDUM

TO: All Administrators of Insurance Benefit Plans (TPAs)

FROM: Director of Insurance of South Carolina

SUBJECT: Procedures for Continuation of Administrator of Benefit Plans
License for the 2006-2007 License Period

Pursuant to S.C. Code Ann. §38-51-20, attach is the renewal application (Form 1030RN) for the calendar year 2006-2007 for the continuation your Administrator of Benefit Plans Certificate of License.

Please complete Form 1030RN for calendar year 2006-2007. As a reminder, an officer must sign the report, if the administrator is a corporation; a both partners must sign if the administrator is a partnership; and if sole proprietorship, the individual proprietor must sign. If necessary, attach additional sheets to identify the plans reported on Sections 3, 4, and 5 on Form 1030RN. Renewal Fee is \$100.00 dollars **(All fees are non-refundable upon receipt)**

To ensure applications are properly completed, you must comply with the following:

Section I. Provide a listing of all officers and directors affiliated with the administrator. Attach a biographical affidavit for each officer and director. All biographical affidavits must be signed and notarized. NAIC biographical affidavit is acceptable. (New biographical affidavits must be filed each year)

Section II. In accordance with Code Section §38-51-30, please indicate below the type of security pledged to the South Carolina Department of Insurance. Attach a copy of the security pledged with the expiration date (if applicable) to Form 1030RN.

☐ Surety Bond ☐ Cert. of Deposit ☐ Letter of Credit ☐ Corp. Guaranty

Section III. Provide a listing of all administrative/service agreements currently in-force or amended since the last renewal period covering residents of this State. Amended agreements must be attached.

Submit your year-end financial statement. All financial statements must include a Balance Sheet & Income Statement. All financial statements may be signed by the President or an officer of the company and executed before a Notary Public.

Section IV. List all single employer entities, which cover residents of this state. (Attach a separate sheet if necessary)

Section V. List all multiple employers plans that cover residents of this state. (Attach a separate sheet if necessary)

All reports and related items must be received by March 1, 2006. Any filings received after March 1st may be subject to administrative disciplinary action.

ALL INFORMATION MUST BE PROVIDED. ALL RENEWALS MUST DISCLOSE A CONTACT PERSON and PHONE NUMBER. ANY REPORT RECEIVED INCOMPLETE WILL BE RETURN.



SOUTH CAROLINA DEPARTMENT OF INSURANCE

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APPLICATION FOR RENEWAL OF ADMINISTRATOR OF INSURANCE BENEFIT PLAN FOR THE LICENSING PERIOD 03/01/2006 THRU 02/28/2007.

Company Name: _____
Mailing Address: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____

Company Code: _____

Contact: _____

Business Phone No: _____

THE RECORDS OF THE SOUTH CAROLINA DEPARTMENT OF INSURANCE REFLECT THAT YOUR ORGANIZATION IS CURRENTLY LICENSED AS AN ADMINISTRATOR OF INSURANCE BENEFIT PLAN PURSUANT TO THE REQUIREMENT OF S.C. CODE ANN. 38-51-20 (SUPP. 1997). YOUR CONTINUATION LICENSE FEE IS \$100. PLEASE MAKE YOUR CHECK PAYABLE TO SOUTH CAROLINA DEPARTMENT OF INSURANCE. THIS APPLICATION MUST BE COMPLETED AND RETURNED TO THIS DEPARTMENT ALONG WITH ALL OTHER REQUIRED ITEMS BY 03/01/2006.

SECTION I – LIST ALL OFFICERS AND DIRECTORS (Attach a completed biographical affidavit)

1. _____
2. _____
3. _____
4. _____

SECTION II – PROVIDE EXPIRATION DATE OF SECURITY PLEDGED

Expiration Date of Surety Bond: _____

SECTION III – LIST ALL INSURANCE COMPANIES WHICH COVER RESIDENTS OF THIS STATE (Attach a separate sheet if necessary)

1. _____
2. _____
3. _____
4. _____

SECTION IV – LIST ALL SELF INSURED ENTITIES WHICH COVER RESIDENTS OF THIS STATE (Attach a separate sheet if necessary)

1. _____
2. _____
3. _____
4. _____

SECTION V – LIST ALL MULTIPLE EMPLOYER OR SELF-INSURED HEALTH PLANS WHICH COVER RESIDENTS OF THIS STATE (Attach a separate sheet if necessary)

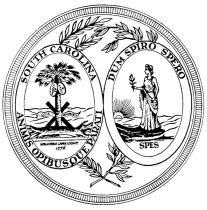
1. _____
2. _____
3. _____
4. _____

APPLICANT'S SWORN STATEMENT

I do solemnly swear that all information contained within this application, is complete, true, and correct to the best of my knowledge.
Sworn to before me this _____ day of _____

Signed _____

Title _____



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BIOGRAPHICAL AFFIDAVIT FOR ADMINISTRATORS (Print or Type)

Full Name and Address of Administrator _____

In connection with the above-named administrator, I herewith make representations and supply information about myself as hereinafter set forth (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR -NONE", SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). _____

2. a. Have you ever had your name changed? _____

If yes, give the reason for the change _____

3. Affiant's Social Security Number _____

4. Date and Place of Birth _____

5. Affiant's Business Address _____

Business Telephone _____

6. List your residences for the last ten (10) years starting with your current address giving:

DATE

ADDRESS

CITY AND STATE

DATE	ADDRESS	CITY AND STATE

7. Education: Dates, Names, Locations and Degrees.

College _____

Graduate Studies _____

Others _____

[illegible]

15. List any insurers in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power).

If any of the stock is pledged or hypothecated in any way, give details.

16. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant administrator or its affiliates?

17. Have you ever been adjudged a bankrupt? _____

18. a. Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction of or pleaded guilty or nolo contendere to an information or indictment charging any crime involving fraud, dishonesty or moral turpitude, or charging violation of any corporate securities statute or any insurance law, or have you been subject of any disciplinary proceedings of any federal or state regulatory agency? _____

If yes, give details.

- b. Has any company been so charged, allegedly as a result of any action or conduct on your part? _____

If yes, give details.

19. Have you ever been an officer, director, manager, administrator, trustee, investment committee member, key employee, or controlling stockholder of any company which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? _____

20. Has the certificate of authority or license to do business of any insurance company of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position? _____

If yes, give details

Dated and signed this _____ day of _____ at _____ I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of _____

County of _____

Personally appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20_____

(Notary Public)

(SEAL)

My Commission Expires _____